



# Commonwealth of Massachusetts

## Employee Information Change Form

**PLEASE PRINT CLEARLY AND SIGN AND DATE AT THE BOTTOM OF THIS FORM**

Fax this form to the MassHR Employee Service Center

**Fax:** 617-248-0686 **Telephone:** 617-979-8500

### Required Fields

Last Name	First Name	M.I.	Employee ID
Please provide a preferred contact number and time should we have any questions.			Department

**Note: Changing information on this form is optional. Please skip any section you wish to leave unchanged.**

### ADDRESS (Leave Mailing Address blank if same as Home Address)

Home Address	Effective Month:	Day:	Year:		
Address Line 1		Address Line 2			
Address Line 3		City	State	Zip	County

Mailing Address	Effective Month:	Day:	Year:		
Address Line 1		Address Line 2			
Address Line 3		City	State	Zip	County

### PHONE (Please check **only one** preferred number)

<input type="checkbox"/> Business # _____ ext _____	<input type="checkbox"/> Mobile # _____ ext _____
<input type="checkbox"/> Home # _____ ext _____	<input type="checkbox"/> Fax # _____ ext _____

Provide phone type if not listed above

### EMERGENCY CONTACT (contacts entered below will replace any emergency contacts currently in the system)

#### Primary

Name		Relationship	
Street Number & Name		City	
State	Zip	Home Phone	Work Phone

#### Secondary (optional)

Name		Relationship	
Street Number & Name		City	
State	Zip	Home Phone	Work Phone

**Note:** Employees making changes to their address or phone number are responsible for notifying their union as well as the following:

- Metro Credit Union: 1- 877-696-3876
- Deferred Compensation – Great West: 877-457-1900
- Dependent Care Assistance / Health Care Spending Account – Benefit Strategies: 1-888-401-3539 or [www.benstrat.com](http://www.benstrat.com)
- Long Term Savings Bonds: Complete new savings bond card and remit to Personnel/Payroll Processing unit

**AUTHORIZATION** I authorize the Commonwealth to make the appropriate changes to my employee data as noted on this form.

Employee Signature

Date